Office of Wounded Warrior Care and Transition Policy

Wounded Warrior Care and Transition Policy Trip Report

Site Visits: Army and Marine Corps Wounded Warrior Programs and Naval Hospital Portsmouth

Date: 14-16 October, 2009

Location: FT BRAGG, CAMP LEJEUNE, NAVAL HOSPITAL PORTSMOUTH

Host organization: FT Bragg- Warrior Transition Battalion, Camp LeJeune- WWBN EAST, and Portsmouth Naval Hospital

Host organization point of contact:
FT. BRAGG
(b)(6) Commander, COL West, MD, Medical Corps Commander

CAMP LEJEUNE
(b)(6) Commanding Officer, CPT Baronie, Company Commander, Tim Nelson,RCC,
(b)(6) Program Manager, Cassie Pinkston, Transition Manager

NAVAL HOSPITAL PORTSMOUTH
CAPT Bonnema, Deputy Commander

VISIT OVERVIEW:
FT BRAGG

- Overall summary of Warrior Transition Battalion (WTB), Historical perspective, current status and way ahead for f WTB. Triad of Care briefed.
- Plan to have nurse case managers located in the WTB.
- 502 warriors in transition
- 11% combat wounded
- 64 Purple Hearts
- Army Comprehensive Transition Plan (CTP) to be implemented throughout all Warrior Transition Units in October 2009. All soldiers will have a CTP. Army states they will incorporate the standard elements for the Comprehensive Recovery Plan into the CTP. The soldier will complete the self assessment portion of the CTP with aid of squad leader and work with team on development of goals.
- Wounded Warrior cases are reviewed on Wednesdays by the squad leaders and the nurse case manager. Families are invited to the sessions.
- Discussed high risk soldiers, e.g. someone with potential for AWOL, leaving for a period greater than 24 hours, mental health, TBI/PTSD, or on narcotics. The WTB tracks these Soldiers much more closely and WTB leadership maintains set times for contact.
- Reinforcement of "Battle buddy" concept involving family in concept also.

- Forty percent of service members in the WTB said to be retained with a change in MOS. Sixty percent are not allowed to remain on duty due to medical conditions.
- WTB Line Units housed in Old Hospital - Womack
- Briefs provided by Company Commanders. Brief included explanation of how they work with service members utilizing the squad leader and nurse case manager. The triad was emphasized. Recovery Care Coordinators depicted in Triad of Care diagram; unclear what is their standing with the conclusive adoption of the elements of the Comprehensive Recovery Plan into the Comprhensive Transition Plan and the elimination of the RCCs .
- Company Commander briefed the CTP. When asked about family participation, Commander stated they are invited to participate. No clear answer on how a plan is developed for someone with TBI or severe PTSD, other than to say a Personal Digital Assistant, (PDA) is provided to help the service member. As part of the assignment to the WTB, a Squad Leader conducts a counseling session with the soldier which is documented on a developmental counseling form. UCMJ may be utilized as a result of non-compliance with program regulations and treatment plans. (See Take away 1.)
- Briefs provided on pain management, TBI, acupuncture, and Biofeedback. Cutting edge work, is being done with pain management, neuro-stimulation utilizing a pacemaker-like device is inserted in the epidural. Over 12000 surgeries implanting the neuro stimulator, reporting very positive results. They will be receiving a visit from OSD Level Pain Management Task Force, led by the Army. Ft Bragg should be looked at for best practice in this arena.
- VA provides VTCs on psychological counseling to service members at the warrior transition clinic in hospital. There was some concern expressed by staff that this may not be most appropriate way to interact with service members(See Take away 2),
- Pharmacist and substance abuse counselors are located onsite.
- Brief from Soldier Family Assistance Center provided by onsite staff.

- Take away 1 Additional information and clarification on the use of UCMJ in dealing with WII will be sought, including the frequency and severity of resort to judicial procedures within this WTB. OSD and other agencies are seeking to have civilian courts adjudicate misconduct through special measures taking into account the second-order consequences of TBI, PTSD, and other combat-related disabilities. We want to be certain the military is not treating service members in a manner that we want the civilian courts to stop treating them.
- Take away 2 Attention is called to Sec. 708 of NDAA 2010: Mental health assessments for members of the Armed Forces deployed in connection with a contingency operation – Requires the Secretary to issue guidance within 180 days for the provision of a person-to-person mental health assessment for each Service Member deployed in connection with a contingency operation during the 60-day period before deployment, between 90 and 180 days after deployment, and not later than 6 months, 12 months, and 24 months are return from deployment. (Emphasis on "face-to-face" VICE use of VTC remotes).
- Final note – Deputy Under Secretary repeatedly requested meeting with a service member assigned to the WTU and was told the service member was not known to the Command. The Service Member, for his part, was misinformed as to the availability of DUSD. This remains an outstanding matter. Also, meeting with Wounded Warriors was requested, but was not provided. These meetings are standing procedure for all DUSD/WWCTP visits to Wounded Warrior Transition Units.

CAMP LEJEUNE

- Brief on history of Wounded Warrior Battalion East, (WWBN-E), the way ahead in terms of location and maximizing space and including all members of team in location.
- The WAR (Warrior Athlete Rehab) program led by the Program Manager, (b)(6) is designed to assess the service member's interest in some type of physical activity to help with mind and body.

- 176 Cases at WWBN –E Camp LeJeune
- 10 cases at Poly Trauma's in Tampa, Minnesota, and Richmond
- 50% met with Marine Corps Transition Service Representative to discuss, education and employment opportunities.
- 25% employed at separation
- 11% status unknown
- Quick Reaction Force (QRF) - The QRF is similar in concept to a Casualty Assistance Officer. The QRF is an asset they can utilize to facilitate the needs of Wounded, Ill, and Injured Marines and Sailors and their families, who are off the beaten path of Marine Corps Installations and resources. QRF would likely be individuals or teams that are RCC's, NMCM's, Family Support, and Transition Personnel.
- RCC seen as the overarching with support from all others.
- Manpower:
  - On Hand 80
  - Table of Organization(T/O) =106
  - Table of Organization and Equipment Change Request(TOECR)= 145
  - Patients =350 for WWBN East (Bethesda/Walter Reed, Brooke Army Med Center, Portsmouth, Landstuhl, Minnesota, Tampa, Richmond)
  - Tracking Cases= 1800
- Expanded Limited Duty Program that is approved by highest levels of leadership and works.
- Substance abuse services available by referral from physician/team in Martinsville, VA, Queens NY, and Wilmington NC.
- Nurse Case Managers on site as well as RCC's.
- Slides on Marine participating in Rodeo to be forwarded to Ms. Mason to incorporate into training.
- Lunch with Marines,

- Take away from Marines- Some service members expressed concern about not being included in the DES pilot which was implemented as of March 2009. If the services members were there prior to implementation they are not included.
- Mr. Koch wants a universal policy on DES.

NAVAL HOSPITAL PORTSMOUTH

- Brief on facility, tour of facility. Briefs by Patient Administration, Safe Harbor, TBI, Nursing Case Management.
- Wounded Warrior = 2 USMC
- Med hold Census=14 USMC
- Hospital average census = 168
- Staffed for 255 inpatients
- Staff= 5976
  (Mil 2781, civilian 1646, contract civilians 1450, volunteers 99)
- Hospital = 18 main operating rooms, largest ER in DoD, have the ability to provide all care except transplants.
- Facility development of new Patriot Inn to house 20 Wounded Warriors who are non-ambulatory who have been discharged from inpatient to outpatient but still require treatment and cannot come from barracks with ease.
- Plan to have VA physicians in house once the DES pilot starts in March 2010. All services are to be provided in one location. The plan includes all other support and transition services such as; the Medical Boards, Safe Harbor, Case Management etc. (Similar to Chicago Model)
- 2500 boards , 700 DES a year through Legacy
- Question and Answer session with wounded marines.

- LTCOL Matthews (USMC Ret) Veteran of the Vietnam War provided a lecture and discussion on his addiction problems with alcohol and the importance of seeking the help needed.
- Junior enlisted Marines not getting the word that getting help/assistance doesn't mean they will automatically be separated if mental health services are provided due to PTSD Diagnosis.
- Lunch with 4 Marines.

- Take away-The leadership highlighted the capabilities (staff & facility) of Portsmouth to meet the needs of an overflow of patients once the consolidation of Bethesda and Walter Reed Army Medical Center occurs. The Deputy Commander of Navy Safe Harbor provided a brief on their Wounded Warrior Program. The brief included reference to the National Resource Directory, and inclusion of Recovery Care Coordinators.

WWCTP attendee(s) and roles:

1. Mr. Koch , Deputy Under Secretary of Defense
2. (b)(6) Military Assistant
3. (b)(6) Consultant
4. Ms. Sandra Mason, Director for Recovery Care Coordination Training ,and Quality Assurance